

	File Number	
	Non-Refundable Processing	Fee:
[]	Profit	\$52.00
[]	Nonprofit	\$22.00
[]	Limited Partnership	\$52.00
[]	Limited Liability Company	\$52.00

## Application for Reinstatement

		(Business Entity Na	me)
·,			, hereby declare and affirm tha
	(Print Name)	l .	•
am a(n)		of	( Business Name )
(Officer, G	eneral Partner, or Member)		( Business Name )
which was involuntarily dis	solved on the day	y of	, 20, under provisions of Utah law.
harahy ramady all raise da		a current Registra	ntion Information Change Form together with
	ee.		
he statutory reinstatement for the statutory make application for State of Utah to issue a Cert	or reinstatement and re	nt and, under pena	n of Corporations and Commercial Code of the alties of perjury, I declare that the foregoing ct.
The statutory reinstatement for the statutory reinstatement of the state of Utah to issue a Certistatement is, to the best of restatement is.	for reinstatement and re tificate of Reinstatemen my knowledge and beli	nt and, under pena lef, true and corre	alties of perjury, I declare that the foregoing ct.
the statutory reinstatement for the statutory reinstatement fo	for reinstatement and re tificate of Reinstatemen my knowledge and beli	nt and, under pena lef, true and corre	alties of perjury, I declare that the foregoing ct.
The statutory reinstatement for the statutory reinstatement of the state of Utah to issue a Certistatement is, to the best of restatement is.	for reinstatement and re tificate of Reinstatemen my knowledge and beli name under which the e	entity is being rein  (Business Entity Na	alties of perjury, I declare that the foregoing ct.

Submit with this application a completed Registration Information Change Form showing the new registered agent and agent's signature. Enclose a tax letter of Good Standing from the Utah Tax Commission (applicable to Corporation Profit and Nonprofit).

Payment: You may file in person, by mail or by fax. Means of payment are, cash, check, or money order payable to the "State of Utah". Please include one (1) self addressed envelope with application. If you are faxing you must include, on a cover sheet, the number of a Visa or MasterCard with the date of expiration

FREE! You may visit our Web Site for this document and to access other information.

**Mail In:** PO Box 146705

Salt Lake City, UT 84114-6705 **Walk In:**160 East 300 South, Main Floor **Information Center:** (801) 530-4849 **Toll Free:** (877) 526-3994 (within Utah)

**Fax:** (801) 530-6438

Web Site: http://www.commerce.utah.gov